

**MULTIPLE DEPENDENT CLAIM  
FEE SCHEDULE SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/525249

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
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49			/			
50			/			
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		72	←		←
TOTAL CLAIMS			73			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						